ELECTOR'S REQUEST FOR DISQUALIFICATION

(To Remove Name From Registration Records)

(Date)

TO: Supervisor of Elections Holmes County Bonifay, FL 32425

Pursuant to the Laws of the State of Florida, I _______ An elector registered in Holmes County, do hereby request that my name be removed from the registration books of Holmes County.

(Signature of Elector)

Date of Birth

Sworn to and subscribed before me this _____ day of _____, 20_____,

Supervisor/Deputy Supervisor of Elections